

ASPIRES Family Care

Qualitative Research Report

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INTRODUCTION

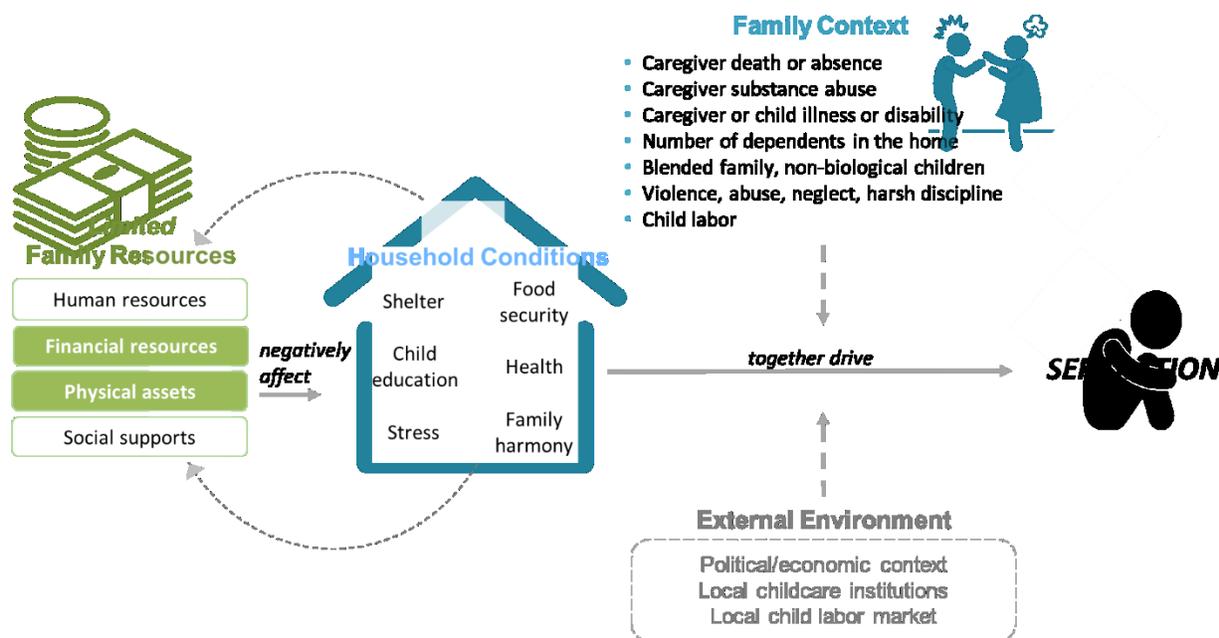
The Accelerating Strategies for Practical Innovation & Research in Economic Strengthening (ASPIRES) project, funded by PEPFAR and USAID and managed by FHI 360, was designed to support gender-sensitive programming, research and learning to improve the economic security of highly vulnerable individuals, families and children. The ASPIRES mandate included designing and implementing rigorous research to evaluate programs and inform a new understanding of best practices in economic strengthening (ES) for vulnerable populations. With support from USAID's Vulnerable Children Fund (formerly Displaced Children and Orphans Fund - DCOF), ASPIRES' Family Care project focused on how ES interventions can help children remain in family care rather than separating to residential care facilities, living on the street, or migrating for work. Keeping families together reduces children's risk of neglect, abuse and exploitation and increases the likelihood that they will experience positive physical and mental health outcomes.

Through Family Care, ASPIRES sponsored two learning projects in Uganda intended to reach economically and socially vulnerable families with a child at risk of separation or whose previously separated children were returning to family care. The Family Resilience (FARE) and Economic Strengthening to Keep and Reintegrate Children in Family Care (ESFAM) projects offered a range of services to increase family stability and reduce the likelihood of future separation or re-separation. Both projects were based on the theory that a combination of case management, social support and household economic and livelihood strengthening would stabilize highly vulnerable households, facilitating the return of separated children to family care and preventing future family disintegration. In addition to supporting families, the projects offered an opportunity for learning about how to provide these services, how families experienced them and how well they worked through in-depth, longitudinal qualitative research.

Theory of change

Both FARE and ESFAM were based on an understanding, from practice wisdom and the literature, that a combination of economic, social, and contextual issues contribute to family-child separation, in ways that likely differ for every family (Figure 1). Interventions, therefore, should be aligned to the specific needs of a household. The projects' theory of change posited that tailored ES activities along with case management-based social support activities would reduce drivers of separation, making families more resilient, which would reduce child separation and support child reintegration.

Figure 1. Factors driving risk of child separation



FARE Project Background

The Family Resilience (FARE) learning project was led by AVSI Foundation in collaboration with Retrak and in association with two local NGO partners. FARE was implemented in the urban and peri-urban areas of Kampala Capital City and Wakiso District, which is close to Kampala. FARE selected targeted areas within each of these areas based on data provided by project partners and the Ugandan government’s Kampiringisa National Rehabilitation Centre that suggested these areas had higher levels of family-child separation than others. In these areas, FARE selected nine parishes in which to identify project beneficiary families at risk of separation and implement prevention of family-child separation programming, based on the recommendation of the local Community Development Officers (CDOs), district and sub-county leadership, police, and available partner data (there was no official data on incidence of family-child separation).

Based on a process that involved initial identification and pre-screening against specific vulnerability criteria by members of Local Councils and using a brief Household Vulnerability Prioritization assessment adapted from a Government of Uganda tool, the project identified 350 at-risk families in four target sub-counties/divisions. The process for identifying separated children who might be reunified with their families involved several coordinating partners, namely Naguru Remand Home, Companionship of Work Association (COWA), three Retrak centers for street children, and the Fruits of Charity Foundation (FCF) center. FARE also received referrals of separated children by police or para-social workers. FARE’s three implementing partners (Retrak, COWA, FCF) had direct access to these children on a daily basis by virtue of their work and helped to identify those who were eligible: children below 18 years from Kampala or Wakiso who had separated from their families and were interested in returning to family care. Children who met these criteria were taken into care, assessed using the Child Needs Assessment Tool, and using this information a Child Development Plan was developed. Ultimately, between January 2016 and

August 2017, FARE reunified and enrolled into the project 268 children from 255 families across 19 sub-counties in Kampala and Wakiso.¹

FARE’s main economic strengthening activity focused on savings groups (VSLA); the project also selected 80 families (13%) assessed to be at greatest economic vulnerability, to receive cash transfers. All other households were offered a selection of other ES activities (Table 1), as feasible given a household’s location and situation.

Table 1. Activities included in FARE’s economic strengthening strategy

Economic activity	Description
Cash transfers (CT)	Monthly transfer of UGX 70,000 (~USD 20) for six months via mobile money payment. Prior to receipt of CT, all households were trained in selection, planning, and management of enterprises. CT was followed by VSLA for many participants.
Savings groups (VSLA)	Village Savings and Loans Associations were formed around project families and included non-project community members. Most VSLA groups were also trained in microenterprise selection, planning, and management in the last quarter of the project. (Predominantly an option for at-risk families; the scattered nature of reintegrating households prevented making this option available to most of them.)
Community skills (Comm skills)	Community skills were short, practical hands-on trainings to promote production of marketable goods (e.g. student copy books or a local millet drink).
Other ES	Included apprenticeship training for youth or ad hoc support to households for educational expenses, in the absence of any of the activities above.

In addition to these ES activities, all households received family support, including at a minimum, home visiting and counselling by project social workers, and for many, training in parenting skills for caregivers, training on life skills and interactive dialogues for adolescents, community dialogues on topics of interest, and/or recreational activities aimed at promoting psychosocial well-being and fostering a sense of community. Across all activities, FARE found variable interest and availability of participating households; some families engaged in all activities and participated throughout the life of the project, while others chose more limited and/or sporadic participation.

ESFAM Project Background

The ESFAM project was implemented by ChildFund in Gulu, Luwero and Kamuli districts of Uganda, with reintegration support provided to families in Jinja district as well. Implementation was largely in areas more rural than those where FARE was carried out. The ESFAM implementation districts for at-risk households were selected based on assessment that these areas exhibited a high incidence of family-child separation, high numbers of children in child care institutions (CCIs) and that they were also some of the top districts for “sending” children to CCIs in other districts.

The project had planned to reach 350 households at risk of separation and support 350 reunified children and their families. The initial identification of families at risk of separation for inclusion in

¹ Further description of the household identification, screening, and enrolment process is available in the FARE Project final report.

ESFAM was conducted as a part of a sister project, DOVCU. By September 2016 it became clear that there was not a sufficient number of reunified families that could be transitioned from DOVCU to the ESFAM project. The two projects worked together with twelve CCIs in the three targeted districts to identify children in those institutions that had either returned to family care without preparation of the children/family or were preparing to return to family care. As a result, the project enrolled 89 of these children and families, reunified by CCIs between December 2015 and February 2017. To reach its overall enrollment target, ESFAM then increased its at-risk-of-separation target to 611 households. An additional caseload of 261 households at risk of separation was obtained through a residual caseload that the DOVCU project was unable to serve, as well as through a new participatory rural appraisal process carried out by the ESFAM project to validate and identify more families at risk of separation for inclusion in the project. Ultimately, ESFAM participants included 611 families in the “prevention” arm of the project who were assessed to be at risk of family-child separation and 89 families in the “reintegration” arm of the project who had a child who had returned or who was returning to the household from a child care institution.

Once enrolled in the project, all families were connected with a community-based para-social worker who conducted case management activities, including assessment of family well-being and needs, development of household plans, and monthly or quarterly family visits/monitoring. All households also participated in a formal baseline data collection process that helped to identify the most economically vulnerable.

The most vulnerable (destitute) households were offered a series of ES activities anchored around a structured, time-limited unconditional cash transfer (CT), after which households could choose to join a savings group (VSLA) if accessible. The highly vulnerable group (Struggling 1) was offered a series of ES activities focusing on matched savings accounts (MSA) for educational expenses, while the vulnerable (Struggling 2) group’s package of ES activities was anchored around VSLA (Table 2).

In addition to these ES activities, all ESFAM households received social support services from project para-social workers that included discussion of child protection issues, prevention, and response; positive parenting skills for caregivers; and psycho-social support to strengthen coping skills and hope for families struggling with a range of social and emotional challenges.

Figure 2. FARE and ESFAM implementation areas

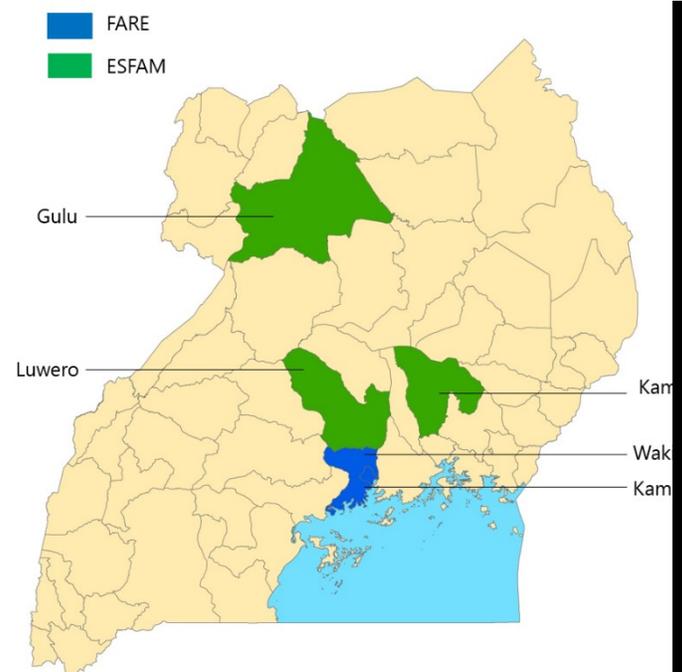


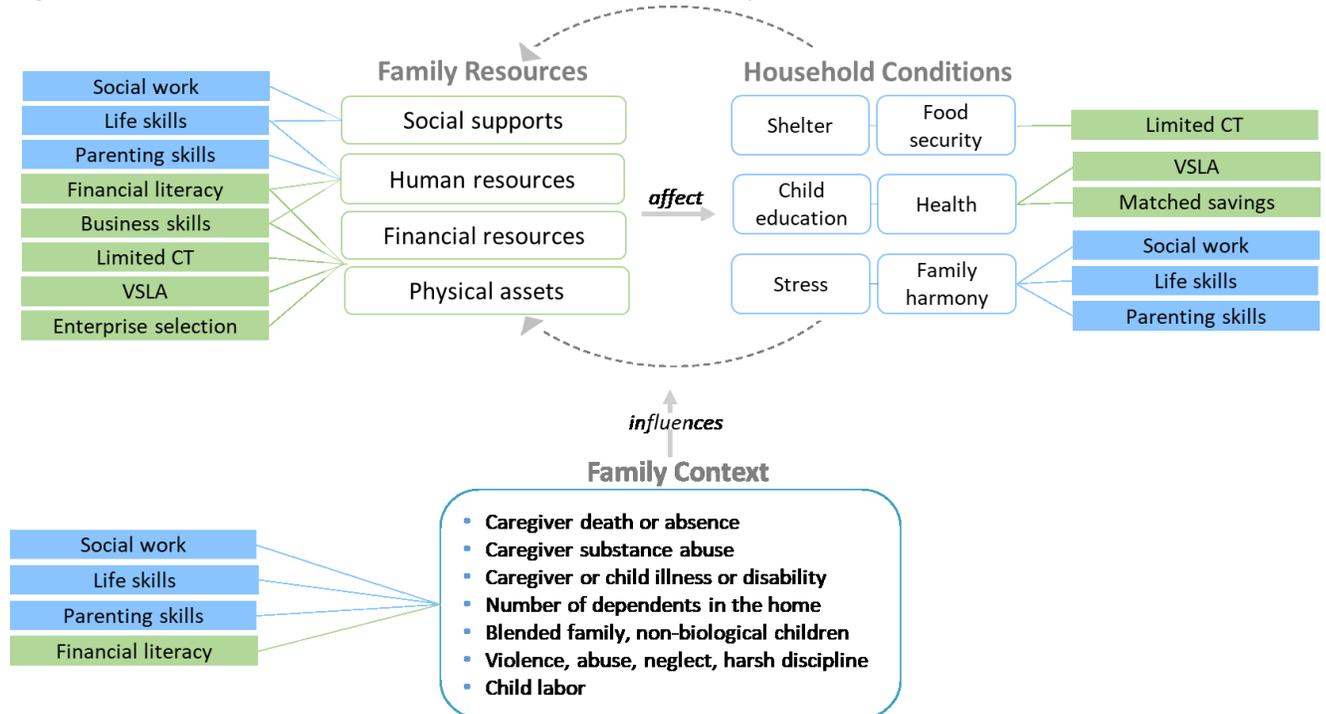
Table 2. Activities included in ESFAM’s economic strengthening “packages”, assigned according to economic vulnerability status of household

Economic status	Economic Strengthening Interventions
Most vulnerable (Destitute)	Household financial literacy training + cash transfer (CT) + (for some) village-based lending and saving association (VSLA) + group-based business skills training + home-based economic and social coaching.
Highly vulnerable (Struggling 1)	Household financial training + matched saving accounts at banks + business skills training at home + home-based economic and social coaching.
Vulnerable (Struggling 2)	VSLA + group-based financial literacy and business skills training + home-based economic and social coaching. (Predominantly for at-risk families; the scattered nature of reintegrating households prevented implementing this option for many of them.)
Mixed	Other ES: home-based financial literacy and business skills training only was provided for those who did not participate in the primary ES activity for their household’s classification

Summary of activities

The family strengthening and economic strengthening activities offered by FARE and ESFAM were selected based on an understanding of the drivers of separation and the theory of change for the projects. Figure 3 connects the project activities to possible interventions.

Figure 3. FARE and ESFAM activities linked to drivers of separation



METHODS

In support of ASPIRES' objective to assess the effects of different types of economic strengthening activities integrated with family support activities among targeted families, the Family Care project designed a mixed methods evaluation to be implemented alongside programming.² Longitudinal qualitative research was integrated to help understand how (well), from participants' perspectives, the FARE and ESFAM interventions aligned with project-identified drivers of separation and families' experienced effects on economic and social family well-being. The findings presented in this report are derived from the longitudinal descriptive data generated as part of the evaluation design.

Sample selection

Sampling for the qualitative research followed a stratified random quota strategy to select 16 households per implementation district, as described in Table 3. Each district and category (reintegration or at risk) was given a target of approximately equal numbers of families by economic status and, for ESFAM, by economic strengthening activity assigned. Within the designated strata, random sampling was used to maximize the diversity of other characteristics of households in the sample (e.g., gender, age of index child, disability status). For each selected household, the primary caregiver and one index child between 8 and 17 years of age was invited to enroll in the study.

Table 3. High level strata/targets for random sampling of sub-project beneficiary households

	Reintegration	At Risk	TOTAL
FARE	N = 16	N = 16	N = 32
Wakiso	8	8	16
Kampala	8	8	16
ESFAM	N = 24	N = 24	N=48
Gulu	8	8	16
Luwero	8	8	16
Kamuli	8	8	16
TOTAL	N=40	N=40	N=80

Data collection & analysis

A local research team led by Rakai Health Sciences Program carried out the qualitative data collection activities at four time points (Table 4) for at-risk households and at three time points among reintegrating households. Each caregiver interview began with a narrative "daily snapshot" comprising a description of the life in the household according to series of prompts. At each subsequent visit, the previously collected snapshot served as a reference, and the caregiver was asked to reflect on whether HH dynamics/reintegration and HH economics had improved or declined and what they attributed any changes to. Caregivers also responded to questions about interactions with the FARE/ESFAM project and on specific program elements. Children's interviews followed a similar structure but used a projective drawing technique rather than standard verbal elicitation for the narrative that asked children to draw their usual day, from morning to night. The drawings served as discussion prompts, allowing the child to describe their daily life in their own terms, and then the researcher asked questions to elicit information related to child well-being indicators (e.g., food security, family dynamics, parent-child attachment,

² A more detailed description of the overall research design is accessible [here](#). Namey, E., Laumann, L.C., Brown, A.N. Learning about integrated development using longitudinal mixed methods programme evaluation. *IDS Bulletin* 49 (4). 2018.

discipline, etc.). Endline interviews with both caregivers and children featured a series of questions about the FARE and ESFAM projects, specifically focused on identifying the most useful activities and the types of effects households attributed to project participation.

Table 4. Data collection timeline

Time point	Population	Date
Baseline	Prevention HHs	November-December 2016
	Reintegration HHs	March-May 2017
T1	Prevention HHs	February-April 2017
	Reintegration HHs	June-August 2017
T2	Prevention HHs	June-August 2017
	Reintegration HHs	January-February 2018
T3	Prevention HHs	January-February 2018

Life snapshot narrative discussions with caregivers and children were audio-recorded, transcribed verbatim, and translated into English by the local research team. The remaining questions and discussion were documented on a structured debriefing form that interviewers completed following each interview, using the digital audio recording as reference to capture key quotes. Narratives and debriefing notes were coded according to a master codebook using NVivo 12, with structural codes to tag content areas (questions/topics), and content codes to represent and tag emergent themes. Coding reliability was assessed through periodic inter-coder agreement checks; coding discrepancies were resolved through discussion and modifications made to the codebook as necessary. Data summaries were developed by pulling data from sections of the interview that corresponded to specific research questions. The data presented here focus on three main questions:

1. *How do FARE and ESFAM households characterize drivers of family-child separation? What do they see as the factors that lead to children living in child care institutions, on the streets, or in remand centers?*
2. *How (well) do the FARE and ESFAM interventions align with perceived drivers of separation in terms of effects on economic and social family well-being? Are specific ES activities perceived by families to be more relevant/helpful than others?*
3. *What do FARE and ESFAM caregivers experience as child-level outcomes of integrated economic and family strengthening activities?*

Data responsive to these questions are summarized descriptively to explain the concept or theme, with code frequencies as appropriate as an indication of relative saliency of a particular theme, and with exemplary quotes to illustrate the participants' meaning(s). Where quotes are used, unique identification codes for households are provided to preserve confidentiality, while also allowing the reader to review the diversity of sources. General descriptors about the source (e.g., caregiver/child, prevention/reintegration) are also provided for context.

FINDINGS

Sample characteristics at baseline

Comparing the two projects' qualitative samples, more FARE (primarily urban) households were led by women (83%) and FARE households had, on average, substantially higher median monthly incomes, and a lower proportion of families with inadequate shelter. A greater proportion of ESFAM (primarily rural) households reported having all children attending school regularly. ESFAM had a greater proportion of female children reunified with families and a younger average child age. A greater proportion of ESFAM reintegrating households also reported higher rates of harsh physical discipline practices.

Table 5. Qualitative sample characteristics at baseline, primary economic strengthening activity

	FARE (n=32)		ESFAM (n=47)	
	At-Risk (n=16)	Reintegrating (n=15)*	At-Risk (n=24)	Reintegrating (n=23)
District				
Wasiko	8 (50.0%)	10 (66.7%)	--	--
Kampala	8 (50.0%)	5 (33.3%)	--	--
Gulu	--	--	8 (33.3%)	7 (30.4%)
Luwero	--	--	8 (33.3%)	8 (34.8%)
Kamuli	--	--	8 (33.3%)	8 (34.8%)
Household composition				
Number of adults in HH (mean)	2	2	2	2
Number of children in HH (mean)	4	4	4	4
Gender of caregiver - female (%)	81.3	60.0	41.7	43.5
Age of caregiver (median)	41.5	42.0	49.0	41.0
Gender of index child - female (%)	43.8	33.3	45.8	52.4
Age of child (median)	14.5	14.0	13.0	10.0
Economic indicators				
HH income (median UGX)	100,000	100,000	30,000	27,500
Poverty rate at <\$2/day (%)	39.2	35.6	70.5	45.0
Living in inadequate shelter (%)	25.0	33.3	45.8	56.5
HHs with <2 meals/day (%)	43.8	33.3	50.0	56.5
Child wellbeing indicators				
HHs with all school-aged children attending school regularly (%)	37.5	53.3	70.8	87.0
HHs reporting harsh discipline (punching, hitting, kicking) (%)	43.8	20.0	41.7	52.2
Primary ES activity				
Cash transfer	0 (0%)	2 (13.3%)	0 (0%)	3 (13.0%)
Cash transfer + VSLA	7 (31.3%)	1 (6.7%)	9 (37.5%)	9 (39.1%)
VSLA	5 (43.8%)	0 (0%)	4 (16.7%)	2 (8.7%)
MSA	--	--	7 (29.2%)	4 (17.4%)
Community skills	0 (0%)	3 (20.0%)	--	--
Other ES	0 (0%)	0 (0%)	3 (12.5%)	4 (17.4%)
No ES	4 (25.0%)	9 (60.0%)	1 (4.2%)	1 (4.4%)

*Demographic data unavailable for one household.

Family-Perceived Drivers of Child Separation

1. *How do FARE and ESFAM households characterize drivers of family-child separation? What do they see as the factors that lead to children living in child care institutions, on the streets, or in remand centers?*

To assess the contextual accuracy of the factors contributing to child separation sketched out in Figure 1, caregivers and children were asked the same question during endline qualitative interviews: “What do you think are the main reasons that children [in FARE/ESFAM communities] are separated from their families and end up on the streets, in remand homes, or in childcare institutions?” The responses to this open-ended question were remarkably similar across the FARE and ESFAM contexts, at-risk and reintegrating families, and between caregivers and children (Table 6). The three most common factors identified as driving child separation were parental behavior, caregiver inability to meet children’s basic needs, and children’s behavior (which was often related to caregiver behavior).

Table 6. Drivers of child separation according to at-risk families (both projects)

Factors driving child separation	At-Risk Households		Reintegrating Households	
	Caregivers	Children	Caregivers	Children
	(n=35/40)	(n=31/38)	(n=30/38)	(n=28/38)
Cargiver behavior	29	22	28	21
Harsh discipline/treatment	16	16	23	15
Step-parent mistreatment	5	6	5	1
HH disagreements/fighting	5	1	5	5
Chasing child away	2	2	0	2
Alcohol use	3	1	0	1
Failure to meet basic needs	19	10	19	12
Child behavior	10	11	9	11
Peer influence	9	1	6	0
Lack of school	11	1	3	1
Death of parent	0	2	0	0
Child labor/work	0	2	0	0

Caregiver behavior as factor in child separation

Comments about caregiver behavior focused generally on how caregivers treated children in the household, both emotionally and physically. Over 70% of caregivers and children in each sub-sample described ways that caregiver actions (or lack of action) negatively affected family dynamics and contributed to child separation. General comments ranged from caregivers’ failure to provide adequate love, attention, and guidance to children in the home to unspecified neglect of children and/or parental duties.

- *It is usually the situation at home that pushes the children to run away from home. Some children are ill treated at home and others are not well advised by their parents, the parents*

- have no time to talk to their children and find out what oppresses their children. (170 - Kampala caregiver, prevention)*
- *[Separation] usually happens when the parents are not responsible, they don't care about what the child does, where he/she goes and whom they interact with. (77043 - Kamuli caregiver, reintegration)*

More specifically, caregivers' harsh treatment or discipline of children was cited by more than half of all interview respondents as a major contributor to child separation. Discussion of harsh discipline included descriptions of how caregivers often physically beat, hit, or caned children when they had misbehaved or done something wrong, or were suspected of misbehavior. Harsh discipline also included verbally abuse behavior toward children.

- *Like the child can do something wrong and the guardian shouts at him and when the child sees that the guardian is angry, he will just fear to stay at home and he will only think of going somewhere else to stay. (77025 - Kamuli caregiver, reintegration)*
- *Children run away from their home because they are tortured. There are some parents who severely beat their children. This makes the children run away from home. Some parents are too tough with their children. (167 - Kampala caregiver, prevention)*

Mistreatment of children by step-parents – assigning extra chores, withholding or limiting food, and general lack of sympathy for non-biological children – was also relatively consistently cited by caregivers and by children in at-risk households as a condition leading to separation. The reunified children in the sample, however, mentioned this theme only once, suggesting, perhaps that their own reasons for separation were not related to step-parent mistreatment.

- *Most of the children who run away from home stay with step mothers who treat them badly so they decide to end up on the street. She can make a child do so many chores but when it's time to eat, they don't give food to the child. She can refuse to put sugar in the child's cup or refuse to give her bread. So the situation becomes tough for the child and he/she runs away from home. Most of the children on the streets were mistreated by their step mothers. (037 - Wakiso caregiver, prevention)*
- *For example, a child wants something and the parent cannot afford more especially children who live with their step mothers. They are always rude and harsh, a child may ask something from them and they instead slap them so that why children end up leaving their families such that they get money and then they leave school in case they are in school. (052 - Wakiso child, reintegration)*

Discussions of household disagreements and fighting, mentioned at about the same frequency (~15% of respondents, except among children in prevention households) as step-parent mistreatment, ranged from general “not getting along” with family members, to quarreling and verbal sparring and domestic violence between adults in the household. At least one account featured physical violence among siblings. Most respondents described how fighting in the home makes children uncomfortable there and disturbs their sense of peace and safety, thus contributing to some children’s decisions to leave home.

- *There is a lot of violence in homes, where the parents are always fighting, to the extent that sometimes the children are caught in the middle. This pushes the kid to run away from home. (042 - Wakiso caregiver, prevention)*
- *Violence in the home. Because every time in the home, parents are always fighting, quarreling and others which force children leave their families. (77026 - Kamuli child, reintegration)*

Less commonly cited caregiver behaviors that contribute to child separation included caregiver disinterest in having children in the household and/or active encouragement for the child to leave: “Some children are thrown at the foster homes when they are babies by their parents because they do not like them” (047 - Kampala child, prevention). A few respondents also indicated adult use or abuse of alcohol as a problematic caregiver behavior, more commonly mentioned among ESFAM households: “Some parents over drink alcohol and when you tell them about it, they don’t listen” (11022 - Kamuli child, prevention).

Lack of basic needs as factor in child separation

Economic scarcity was at the center of the driver of separation related to caregiver inability to meet children’s basic needs. Over half of the caregiver respondents and close to 40% of children interviewed noted poverty and its consequences as reasons children leave their families. Both caregivers and children noted lack of food as the primary factor contributing to child separation within this category, but also cited lack of items like bedding, soap, school fees, and books. Inability to meet children’s basic needs was more often mentioned among ESFAM caregivers than those from FARE, while lack of food in particular was discussed relatively equally by children from both projects.

- *The first major reason is the inability to cater for children's needs. A child can run away from home if you don't have money to buy beddings like a blanket. In addition, lack of food in the home can also make a child to run to the streets. (23063 - Kamuli caregiver, prevention)*
- *Hunger, when there is no food at home some children might leave home to go and look for food on the streets. (77011 - Gulu child, reintegration)*
- *Hunger. When children are hungry, they leave home in the name of searching for food. The other thing is child abuse by parents. But mainly food is the major cause when children find no food, this may tempt them to go and look for something to eat, and that’s where they find peers and proceed to unknown places and eventually end up on streets. So when food is available and children eat, they may not think of leaving their homes. (111 - Wakiso caregiver, reintegration)*

Child behavior as factor in child separation

Issues of child behavior were raised primarily by caregivers and had three main components: general misbehavior and lack of respect from children (attributed by many caregivers to poor parenting), children being out of school and therefore idle, and relatedly, children becoming involved with unsavory peer groups.

- *There are children who are so disobedient that even if you aren't treating him/her badly, he/she is just disobedient. He/she will go away from home. (037 - Wakiso caregiver, prevention)*

- *The problem is that some parents bring up naughty children then the situation at home becomes bad yet the child is not used to doing any work. The end result is that he will join a group of bad people and those friends will tell him/her that we live life in such a way. (009 - Wakiso caregiver, prevention)*
- *Some parents fail to pay school fees for their children and when they are home, they tend to be idle. This pushes them to join bad groups. (170 - Kampala caregiver, prevention)*

Children’s discussion of child behavior as a factor contributing to child separation related mostly to child disobedience: children not listening to their parents, not wanting to do house work, or not obeying family rules. Discussion of this theme by children was predominantly by children from FARE households (16 of 22 mentions across prevention and reintegration households).

- *Another reason is that some the children also lack discipline. When they make mistakes, they don’t want to be condemned about their mistakes so what they do is to run away from their homes and end up on streets. (055 - Wakiso child, prevention)*
- *Some children do not listen to their parents. She may tell you not to go for late night clubbing and you insist and go and end up being arresting for walking at night that you are a thief. (047 - Wakiso child, reintegration)*
- *Those children do not want to do house work at home. They do not want to listen to their parents. (77043 - Kamuli child, reintegration)*

The negative peer influence referred to in a quote above was also explicitly named as a factor contributing to separation by a number of caregivers, particularly from prevention households, and predominantly by FARE caregivers who contributed 7 of 9 responses related to peer influence. (The single child who mentioned negative peer influences was also from a FARE household and repeated sentiments similar to the caregivers.) This theme was also closely connected to the idea that idle children will find trouble, so that children out of school (and therefore idle) was also mentioned as a concern for child separation. School attendance is seen in this regard as a protective factor against child separation. Discussion of lack of schooling by prevention caregivers was more evenly split between FARE and ESFAM respondents.

- *[Separation is caused] when children are not in school. It can cause them to leave home and go on the streets. They interact with other bad peers. (052 - Kampala caregiver, prevention)*
- *When child are not in school. Children who are not in school are always idle, so they find much more time to loiter and end up on streets. (111 - Wakiso caregiver, reintegration)*

Finally, two children in prevention households mentioned how death of a parent or caregiver can affect children’s behavior and desire to stay in a particular home, while two others discussed how unreasonable workloads for children can drive them to leave home.

- *It is brought about by the death of any of his/her parents. They run away from home due to trauma and loneliness. (037 - Wakiso child, prevention)*
- *There are certain categories of children who even fear work at home. When work becomes too hard for them they decide to run away. (11034 - Gulu child, prevention)*

Caregiver perceptions of the most useful economic strengthening activities

2. *How (well) do the FARE and ESFAM interventions align with perceived drivers of separation in terms of effects on economic and social family well-being? Are specific activities perceived by families to be more relevant/helpful than others?*

To assess whether and how the FARE and ESFAM economic strengthening interventions were linked appropriately to households to address family needs as in Figure 3, caregivers were asked during endline qualitative interviews: “Of the activities you took part in with FARE/ESFAM, which do you think are most helpful in terms of supporting families to keep their children in their care (rather than in an orphanage, on the street, or in remand)?” This question followed an in-depth discussion of each of the economic strengthening activities the caregiver had participated in and asked the caregiver to reflect on the drivers they had mentioned earlier and their own personal experiences. Since responses to this open-ended question were limited to the particular activities caregivers participated in, and given the uneven distribution of households across activities, the focus of this summary is on the key strengths and limitations caregivers described as related to each economic strengthening activity, rather than on a comparative ranking of activities.

Financial management training

The FARE and ESFAM projects had slightly different approaches to financial management training (or enterprise selection, planning, and management in FARE), but the learning reported by approximately 40 households in the qualitative sample who reflected on this activity were similar. Caregivers across projects expressed a new understanding of budget planning and prioritization, had enacted many of the practices taught and had experienced positive results. These skills were seen as foundational for success with other economic strengthening activities (cash transfers, MSA, VSLA).

- *With the training that I received, I was able to budget for my family and save some money that I used to buy that popcorn machine [for income generation]. The training also taught me how to save, which was not the case before. (055 - Wakiso caregiver, prevention)*
- *It has helped in a way that when I get money, I don't spend it all. I use it to buy household needs and also save some. It helps me spend on what I don't have then save the balance for emergencies like sickness. I save it for paying medical bills when I fall sick. (11050 - Kamuli caregiver, prevention)*

Cash transfers

Households that received cash transfers described effects on their households that align well with the intended purpose of limited cash transfers: to stabilize household consumption and in so doing reduce stress and allow adults in the household to make longer-term financial plans. Cash transfer funds were nearly always cited as helpful for providing basic needs, including food, school fees, and scholastic materials. Caregivers tied these improvements in ability to pay for basic needs directly to keeping children in their care, by making the children feel more comfortable and secure or by sending the children back to school, which was seen as a protective factor.

- *Cash transfers helped in two major ways. First it helped to support feeding at home and the second one is it helped to supplement of school requirements. So it is making the child stay with happiness at home and feels welcome. (77011 - Gulu caregiver, reintegration)*

- *The most helpful activity has been the cash transfer, followed by parenting skills training and then VSLA. I used the money to pay for his school fees. So this enabled me to keep [my child] in school. He has no time to move around the community and joining bad groups of friends. (167 - Kampala caregiver, prevention)*

VSLA

Thirteen caregivers in the qualitative sample discussed their experience with VSLA as an economic strengthening activity implemented by FARE or ESFAM. Most (n=11) found their participation in a VSLA helpful, particularly as a source of low-interest loans to help bridge families across large or unanticipated expenses (e.g., school fees or medical bills). Respondents also highlighted the importance of the VSLA in inculcating a “savings culture” within their households and the possibility of using the VSLA as a source of business capital to sustain household economic growth.

- *It is from this VSLA that we have learnt the saving culture. Besides the saving, I can borrow money from this group either from the welfare fund with no interest or from the loans with an interest of just 10%. All this helps families to save for future investments and it enables household heads to meet unexpected expenses like medical care by getting the loans. Besides that, I have been able to raise money through savings and loans that I have invested in my business and this has enabled me to meet my family’s needs like food. (016 - Kampala caregiver, prevention)*

Matched savings accounts

Participants in ESFAM’s matched savings accounts (MSAs) similarly commented on the utility of being encouraged to save. While the MSAs were unconditional but intended for use to help with educational expenses, caregivers reported a wider ranging set of child-related expenses to which they applied their savings (e.g., shoes and clothes). The more formal nature of the institutionally-based savings also (re)introduced some families to the commercial banking sector.

- *The effects are positive because I learnt the benefits of saving and I was encouraged to join a village savings group, I maintained the matched saving program and as well participating in the local village saving group, where I save some money too. (77003 - Luwero caregiver, reintegration)*
- *It has been positive because we didn’t know how to use the bank I even lost a lot of money in the house when it got burnt, now even though my house starts burning I will not worry much because my money is safe in the bank. (77001 - Gulu caregiver, reintegration)*

Business skills training

Business skills training was another intervention valued by participants for its potential to generate continued economic benefits for the household, particularly so for the more rurally-based ESFAM participants. Respondents described specifically the usefulness of market assessments and business planning skills, in addition to the benefits of having an income generating activity.

- *I had never received any training on business skills. This taught me how to plan and start a business. I may do this business and yet it’s not what I should have done. This will make me lose my money. So I learnt how to plan for a business. I learnt that when I am starting a business, I should first learn about that business, what it requires, how much money I will need to invest in,*

is the area in which I am putting the business viable? Do the things am going to sell have a market? (042 - Wakiso caregiver, prevention)

- *With the business skill training that I got it made me open a small IGA of selling paraffin together with the [17-year-old] index child. With the knowledge from the training he did not put his mind in luxury or leisure but to concentrate and save the profit, at the end it made us constructed these two rooms. (77002 - Gulu caregiver, reintegrating)*

As the second quote demonstrates, there is potential for involvement of older children in new income generating activities, though in this case an adolescent was near the age of emancipation and the work was seen as a positive step toward building the child’s future while he maintained the family connection.

Apprenticeships

Within the FARE project, apprenticeships were supported for a select number of older children for whom returning to formal schooling would be difficult. The nine households in the qualitative sample that reported on apprenticeship programming identified the benefits of providing an immediate or future source of income for the child and/or household and in reducing worrisome behaviors among older children.

- *My grandson is now able to meet some of his personal needs more especially when they go out in the field to work on certain cites. For example, he would buy a shirt after earning some money. At one time, I was told that he bought salt at home when I was absent. (050 - Wakiso caregiver, reintegration)*
- *The child was not in school, and when a child is not in school, they are at risk of learning bad practices because they get time to interact with bad peer groups for example, they can learn bad habits like smoking cigarettes, drinking alcohol. Therefore, it was an opportunity for us to get him in apprenticeship training. (065 - Wakiso Caregiver, prevention)*

Parenting skills training

Caregivers from both FARE and ESFAM (n=36) spoke highly of the parenting skills training they received through the project, highlighting a number of key lessons for both caregivers and children that could be carried forward. The parenting skills training was seen to have helped bridge a communication gap between caregiver and child, and taught both valuable information about how to engage in more productive interactions. Caregivers attributed to parenting skills training improved caregiver ability to communicate reasons for discipline verbally, rather than physically, as well as related improvements in children’s obedience and willingness to help and be respectful. Households’ interactions with social workers and case managers were also cited similarly.

- *Instilling good morals in the children is also something very important. Even if there is money but no good morals at home, that cannot work. Generally, it is about the training on how to bring up the children and saving.” (12067 - Luwero caregiver, prevention)*
- *This has improved in the way we handle our children. In most cases, we do not listen to their views and suggestions but rather impose our decision on them, which in the end makes them rebellious and disrespectful but we were advised to always help them understand why certain decisions have to be taken, we need to listen to their views too and make them our friends. All*

this improves on the relationship with our children thus reducing on their chances of running away from home no matter the case. (016 - Kampala caregiver, prevention)

Unintended consequences of project activities

In their descriptions of the utility of different project activities, FARE and ESFAM caregivers also mentioned some of the unintended consequences or limitations of these activities.

Cash transfers

Among cash transfer recipient households in the qualitative sample, there were three instances, reported by index children, of cash transfer funds not reaching or benefitting children in the household. In the first instance, the grandmother of the home was listed as the head of household and was therefore receiving the cash transfers from ESFAM (prevention). The index child reported that he struggled to access money to buy books for school, “I can’t rely on that money because it is my grandmother who handles that money and when she receives the money, her attitude changes (She quarrels a lot)”. In the second case, an ESFAM child had been living with an uncle who had sent her to school; the child was reunified with her father who said he would enroll her into vocational school for hairdressing using the funds from the cash transfer, but she hadn’t yet been enrolled. In the other case, in an ESFAM prevention household, the cash transfer was being received by the grandfather in the home, who was reportedly using the cash on alcohol:

- *...the cash transfers ESFAM has been giving my grandfather has made him more stupid. [How has it made him more stupid?] Well, he now drinks more alcohol and when he comes back home drunk he starts disturbing and verbally insulting his wife, my grandmother. [Okay, how is his drinking and getting drunk connected to the cash transfers?] Because it’s with the money he gets that he can buy alcohol to drink, in fact these days, when ESFAM gives him money he does not show up at home till late in the night at about 11:00pm drunk. (Gulu child, prevention)*

Additionally, there was one report from an ESFAM caregiver about disharmony in the household brought about by disagreement over the use of cash transfer funds:

- *When I recently got the money from ChildFund we did not get along well with my husband, he wanted me to buy food for the household and yet me I wanted to buy bricks for constructing the house and to pay school fees for my children which he had failed to do. He actually told me that, “We have been given this money to take care of the household and for you you’re thinking otherwise.” He was not happy with me at all. He wanted to use the money to also start up a brick business but I refused and I bought bricks worth 75000 shillings to enable us to start constructing a house. (23076 - Kamuli caregiver, prevention)*

VSLA

Two caregivers and one child described limitations or challenges with participation in VSLA that made them less likely to continue participation. The caregiver participants, both members of ESFAM VSLAs, felt they had lost money as a result of participating. For one, the distance to the ESFAM-organized VSLA required substantial travel, at a cost: “The money I could have saved with another (close VSLA) group is all spent on transport... We put in a lot of money as transport to go to [site of VSLA] and yet if it was near, some of us could have saved more” (77043, Kamuli caregiver, reintegration). The other, an ESFAM caregiver in a prevention home, reported that VSLA members were not returning the money they borrowed, meaning he had lost whatever he had saved as well as confidence in savings groups along with it.

A child's comments related to ESFAM's adolescent-focused VSLAs illustrate the difficulty for children to find money to save if their parents had none to seed their savings with:

- *Because for me I find it is unfair for me as a child to go every time looking for causal work to get money for saving in VSLA. Where will I get time to go to school? So that is only good for children who have parents and they are given money to save unlike for me. (Gulu child, prevention)*

The same child also mentioned the potential for jealousy within the household if an NGO supports a child: "Some parents become jealous then may start hating him or mistreating him or over working him. Sometimes the child may complain that he is not feeling well but the caregiver may not listen to him." This seemed a potential, rather than experienced, unintended consequence of child-level programming.

MSA

Many of the challenges described by participants with MSAs related to logistics and unclear information or misperceptions about what funds would be made available and when, and the costs associated with opening an account. Three participants indicated issues stemming from loans taken to open the account and deposit an initial sum for savings. One borrowed from a VSLA, one borrowed from a friend, and the other took money out of his business. For these participants, the loans became due or interest on the loans accrued while they awaited matching of their savings, and delays in matching exacerbated the issue. Two other caregivers stopped saving in the MSA, one due to unexpected account fees and the other because the bank was far and costs were incurred for transport. In all cases, caregivers felt they were potentially losing as much money as they were gaining, while having to make additional effort.

- *[Participant took money out of a small business and promised to bring it back in two weeks, but it had been two months.] Our money hasn't come, the ESFAM officers have been reluctant about our money. It has taken a lot of time to return our matched money from Post Bank. I need my money to clear school fees for my children; they are not certain of completing their studies because of lack of money. They should try to explain to us the delay because they have taken a lot of time with our money yet we have a lot of things to do. (21093 – Luwero caregiver, prevention)*

Apprenticeship

Two adolescents involved in FARE-sponsored apprenticeships experienced issues at their placement sites that were promptly addressed by the project, but which warrant reporting as potential concerns for program implementers. In the first case, a 16-year-old girl suspended her hair dressing apprenticeship because her mentor was exploiting the relationship to require the girl to do housework, including cooking meals. In the second case, another 16-year-old female had refused the sexual advances of a trainer at the garage to which she was assigned. The apprentice reported the trainer to his manager and soon after left the garage.

- *...one of my trainers didn't want to train me or see me anywhere near him. This was because I reported him to the manager after he asked me for an intimate relationship with him to which he was warned against. This affected my learning while at the garage. The manager used to call me dense but I ignored all that by telling him that I desire to be what he is today and I won't get there if I involve myself in such relationships. That is when ... I concentrated in learning about motorbike spare parts. (Wakiso adolescent, prevention)*

General programming

Three additional limitations of programming were raised by caregivers. Two commented on the amount of time spent on trainings and the relatively low perceived return on investment of that time, given opportunity costs.

- *It has consumed my valuable time which I would have used to repair bicycle and motorcycle punctures to get money and feed my family. My time is consumed in trainings yet I gain nothing. (23096 - Kamuli caregiver, prevention)*

Another caregiver commented on an underlying tension between economic and family strengthening activities:

- Economic strengthening activities detract from parenting support activities because time for parenting is reduced by economic occupations. (167 - Kampala caregiver, prevention)

Participant Reflections on Child-level Project Effects

3. *What do FARE and ESFAM caregivers experience as child-level outcomes of integrated economic and family strengthening activities?*

One of the gaps in evidence around economic strengthening for child protection programming is around the specific child-level effects of interventions. Given the relatively small sample sizes and similarities between at-risk and reintegrating households, this section provides a combined summary of caregivers' views of how FARE and ESFAM integrated programming affected children in their homes.

Effects of economic strengthening programming

Caregivers' discussions of child level effects resulting from economic strengthening interventions covered both direct and indirect effects. CTs, MSAs, and VSLAs were seen to provide direct effects for children as additional funds resulting from these interventions were typically spent on school fees, scholastic materials, food, and medical care for children. Financial literacy and business skills trainings were linked indirectly to child-level effects through caregiver ability to budget, increased caregiver motivation to prioritize education, and increased household income through a (more) successful business. Each of these effects is described briefly below with data excerpts in participants' own words.

Increased educational participation

According to the qualitative research participants, CTs, MSAs, and VSLAs all directly affected caregivers' ability to pay for school fees and scholastic materials for the children under their care. Scholastic materials included school uniforms, pens/pencils, and exercise books. Increased educational participation was mentioned by 20 of 31 CT recipients, 9 of 11 MSA participants, and 19 of 37 VSLA members in the qualitative sample.

- *Yes, the **cash transfers** helped me because my children didn't sit at home because during that time when they almost sent them back home for school fees at school, that [CT] money could come and I paid their school fees. (23076 – Kamuli caregiver, prevention)*
- *[MSA] has brought a change ...when I save 100,000/= they match it with 100,000/=. This 100,000/= does a lot because it helps me cover what I would have failed to cover... I [have] five*

children but I would manage to pay for only a few but right now I can afford to pay school fees for all the children. (11050 – Kamuli caregiver, prevention)

- *I think all the needs we may have will be solved because we shall be getting [VSLA] loans to help us meet those needs. For example, if a child is chased from school for school fees, I can go take a loan of fifty thousand shillings and pay school fees. (12067 – Luwero caregiver, prevention)*

Increased food security for entire family, including children

Money received from CTs, MSAs, and VSLAs was often used in households to increase food security. In alignment with their purpose to stabilize household consumption, cash transfers were more frequently cited in reference to purchasing additional food for the family than MSA or VSLA.

- *I would have died of hunger if it were not for this [CT] money, it helped me to buy food, basics needs in the home and children’s school fees. (77032 – Kamuli caregiver, reintegration)*
- *[CT] has improved the household capacity to purchase food and other basic needs like soap and medicine. It has affected the whole of the household because when food is brought everybody eats. (11040 – Gulu caregiver, reintegration)*

Increased child access to medical treatment

Money received from CTs and VSLA loans was used at times to pay children’s medical bills or to access treatment for sick children. Six CT and 5 VSLA households discussed using these funds to cover child health care costs. Here again, VSLA members talked of future possibilities as well as past experiences.

- *[CT] helped me pay hospital bills for my grandchild who was sick. (12044 – Gulu caregiver, prevention)*
- *If one of my children is to fall sick, I can go to the welfare officer and borrow some 20,000 UGX, which does not have interest and can be given even without a guarantor. I get the money, take the child for treatment and then pay the money back in a specified period. This never existed before the VSLA. I had nowhere to run in case of an emergency. (042 – Wakiso caregiver, prevention)*

Indirect effects for children of household economic strengthening activities

Caregivers linked financial literacy and business skills trainings indirectly to child-level effects through caregiver ability to budget, increased caregiver motivation to prioritize education, and increased household income through a (more) successful business. Financial literacy and budget management training was one of the most discussed economic strengthening activities, as caregivers found both immediate and lasting value in the skills they learned. Caregivers highlighted the positive effects of financial literacy training on their motivation to save to cover large anticipated and unexpected events, including school fees, scholastic materials, and medical care. They discussed being able to save because of their new household budgeting skills.

- *During the trainings, they taught us about spending sparingly. You cannot say that since I have 130,000 shillings, let me go and buy chicken, yet I have no food, no charcoal or even salt. You have to budget for the little you have so that in the end there is something small you can save for tomorrow. (149 - Kampala caregiver, prevention)*

Caregivers often explicitly described prioritizing the most important expenses instead of carelessly spending money without a plan. The highest priority expenses related to necessities for children including school fees, food, and saving for emergencies like sickness.

- *I have become like a teacher in my home, if I get any money first priority is to spend on food and school fees, secondly is to save in the bank to help in emergency situations, and also raise enough capital to start up a business. (77001 – Gulu caregiver, reintegration)*

Caregivers also linked business skills training to increased business profits, which they saw benefitting the children in the household through increased food and more money to pay school fees.

- *They benefit because when my business works well and I earn some money, the people in my household will also benefit when I am able to buy for the food, clothes, school fees and other needs. (055 – Wakiso caregivers, prevention)*

Additionally, a few caregivers shared the financial literacy trainings with their children, providing their children the opportunity to understand how household funds were budgeted or to take part in the creation of a household budget. Caregivers viewed this sharing of knowledge as a way to increase future benefits of the training for children.

- *You see, I always call my granddaughter (the index child) and we plan together on how we can use our money. This will train her for future life to be responsible. (24130 – Gulu caregiver, prevention)*

Effects of family support programming

The primary family support interventions available to FARE and ESFAM households were regular visits from a (para)social worker or case manager and parenting skills training. To these activities, caregivers attributed improved caregiver-child relationships, built on improved communication, less use of harsh punishment, and an increase in child respect and attitudes.

Improved caregiver-child communication

When asked whether and how social worker visits and parenting skills trainings affected their families, caregivers often talked about learning how to communicate effectively with their children. Several described the change in communication in terms of making friends with their children, encouraging them to speak freely about their lives in general and more specifically about their problems.

- *We were advised to be friends with our children by having chats with them and listen to them with a non-judgmental mind whenever they have something to share with us but try to understand them and advise them accordingly. This has brought about openness between my family members and I, which has eventually made the children to disclose to me even when they get some money. (016 – Kampala caregiver, prevention)*

Opening the dialogue between caregivers and children contributed to **children's greater understanding of the family's economic situation** while also giving children the opportunity to contribute ideas related to improving the family's economic situation. Some caregivers felt that sharing the family's economic situation with their children would allow their children to understand why they could not provide for some of their children's needs, ultimately resulting in less child resentment towards caregivers.³

³ This theme was more widely reported among FARE households.

- *[Parenting skills training] has affected my family positively in a way that my children no longer get angry at me when I don't provide for all their needs like enough food because they too know the real situation at home. My 14 year-old son and the 13 year-old daughter are more open to me unlike before and I think this is partly because I listen to their opinion and bring my opinions in form of suggestions and advice, not decisions and orders. (066 – Kampala caregiver, prevention)*

Several caregivers described the importance of parenting skills training in helping them **share decision making with the family** instead of making all the decisions themselves. Caregivers expressed how collective decision making with the family unit led to happier households through more shared responsibilities.

For example ever since I received the training, we now have family meetings at home. The other thing my children are reporting back to school we no longer think for them and buy them things, we listen to them and they buy the school requirements themselves, so we give them that chance to make a decision rather than before when we could just buy for them. All this has been COWA's efforts, because I used to leave all that responsibility for my wife but through the training I realized it is a collective responsibility to take care of children. (047 – Wakiso caregiver, reintegration)

Improved caregiver-child respect

The more open communication attributed by caregivers to social worker visits and parenting skills training also seemed to **reduce caregivers' use of harsher forms of punishment**. Prior to family strengthening activities, caregivers commonly described a “cane first, ask questions later” approach to child misbehavior. Caregivers described changing this behavior as a result of social worker visits and parenting skills training, which encouraged them to talk with the child first to understand the situation surrounding the poor behavior. This further created an atmosphere of unity and openness as children had more respect for their caregivers and less fear. This change in caregiver behavior was noted in the quantitative data and confirmed by several children.

- *It [parenting skills] has enabled me to get closer to the children because I freely talk to them and in case they do something wrong I sit them down, and talk to them calmly. This has made them more respectful and free with me. (77005 – Gulu caregiver, reintegration)*
- *Child: ... If I have committed something wrong, they don't just beat me or shout over me or quarrel on me but they call and put me down and then talk to me in a low tone and warn me not to repeat the same mistake.*

Interviewer: What do you think caused this change?

Child: The social worker has been talking to them [caregivers]. (77005 – Gulu child, reintegration)

Family strengthening activities often included **mediation** and check-in visits, particularly for reunified children. Several caregivers described their children's lack of respect prior to the project and felt that the social workers' role as an intermediary between the caregiver and child brought respect and repaired a deeply damaged relationship. Other caregivers described how the social workers' discussions with children led to a **reduction in unwanted behaviors** ranging from associating with negative peer groups, leaving home without permission, and stealing.

- *They have helped my daughter to change her attitude and behaviors. She used to be big headed that she used not to listen and follow my orders and very unruly that she used to go out for parties with her peers without my permission. But more often, when the social worker comes to visit my household, she endeavors to talk to her and advise her on how to behave right. (016 – Kampala caregiver, prevention)*

A handful of (n=5) caregivers with reunified children, particularly in the urban FARE context, credited the social worker visits with keeping the reunified child in the household. For these caregivers, social worker visits were viewed as an important part of the reintegration process that deterred the reunified child from running away again.

Increased Commitment to Child Education

Nearly one-quarter of caregivers in the qualitative sample (n=19), particularly in prevention households, credited project family strengthening activities for a renewed motivation to send the children in their care to school. Citing primarily parenting skills training, these caregivers described **working harder to send their children to school**, prioritizing school fees and scholastic materials.

- *Currently due to the parenting skills I received about children’s care. I work so hard to pay my children’s school fee which is different from last time, when I could wait for their biological father to pay for their school fees. (023 – Wakiso caregiver, reintegration)*

A few caregivers reported that parenting skills and social worker visits **motivated their children to resume school** even if they were initially uninterested. One caregiver discussed how a social worker encouraged an index child to go back to school instead of becoming a housemaid. This caregiver reported less stress with her child back in school and felt school attendance would lead to a brighter future for her child. Lastly, several caregivers described how they were now encouraging their children to read outside of school and complete their homework and related this to **improved school performance**.

- *I always remind my children to do their homework in time whenever they come back from school, that is why these days they perform better at school. They are always in the first positions. (11016 – Luwero caregiver, prevention)*

Summary of child-level effects of FARE and ESFAM programming

Caregivers involved in the qualitative research associated with the FARE and ESFAM projects described a number of changes they saw in themselves, their children, and their households as a result of project activities. They cited direct (immediate) and indirect (longer term) effects of economic strengthening interventions on child-level outcomes, namely the caregivers’ improved ability and commitment to secure education, food, and health care for their children. These economic strengthening activities were integrated with family strengthening activities that caregivers also connected to several child-level outcomes, including improved caregiver-child communication and respect, and increased commitment to education. The overlapping and complementary nature of the child-level outcomes described by caregivers for these two types of interventions illustrates and affirms the mutually reinforcing nature of economic conditions and family dynamics within a household:

- *Our relationship is now better because we are no longer constrained by money problems. I am no longer worried as before, so I do not take out my stress on the children by shouting at them. I talk to them in case they have done something wrong. (149 – Kampala caregiver, prevention)*

DISCUSSION

The SPIRES Family Care project provided an opportunity to pilot selected economic strengthening activities in conjunction with family strengthening and case management with families at risk of family-child separation and families in the process of reintegrating a separated child. The settings for the two learning projects in Uganda – FARE in and around slum areas near the capital city Kampala with a reunification focus on street-connected children and children in conflict with the law and ESFAM in three more rural districts with a reunification focus on children recently returning from a childcare institution – highlighted areas where context might matter most and where similarity of vulnerabilities created similar outcomes.

For example, qualitative data collected with caregivers and children in all five implementation districts on factors contributing to child separation were remarkably similar across geography, project, separation status (at-risk or reintegrating) and source (caregiver or child). The three factors most commonly mentioned – harsh discipline and other mistreatment by caregivers, caregivers' inability to provide food and other basic needs, and children's (mis)behavior – are largely captured in Figure 1. The proximal intra-household behavioral dynamics and the daily experience of caregivers and children of relating to one another in often stressful and uncomfortable circumstances came through clearly in descriptions of caregiver behavior(s) that could drive child separation. The less emotively tangible but more physically uncomfortable dynamics of limited household economic resources were also frequently reported as drivers of child separation. Together, these locally-defined drivers of separation help to validate the Family Care approach of integrating family support and economic programming to mitigate drivers of child separation.

Connections between economic strengthening programming and child-level effects in the household were also discussed and, for the most part, supported the theory of change by demonstrating how specific activities mitigated or modified potential drivers of child separation. The primary economic strengthening activities featured in FARE and ESFAM – cash transfers, matched savings accounts, and VSLA groups – were reported to directly affect children's educational experience, food security, and health through increased ability of caregivers to provide school fees, scholastic materials, food, and medical care for children. Financial literacy and business skills trainings were linked indirectly to child-level effects through caregiver ability to budget, increased caregiver motivation to prioritize education, and increased household income through a (more) successful business. Additionally, though not mentioned as a child-level effect of economic strengthening programming, many families mentioned improvements to their homes – new brickwork or roofing – made possible with cash transfers or VSLA participation. Together then, the qualitative data provides evidence for improvement in four household conditions (i.e., shelter, food security, child education, health) theorized to contribute to child separation (Figure 1).

Improvements in the other two household conditions theorized to contribute to child separation – stress and family harmony – were addressed by family support activities. The primary family support interventions available to FARE and ESFAM households were regular visits from a (para)social worker or case manager and parenting skills training. To these activities, caregivers attributed improved caregiver-child relationships, built on improved communication, less use of harsh punishment, and an increase in child respect and attitudes that both lowered household stress and increased family harmony.

Interpretation of these data should be made with a few limitations in mind. The sample, though robust and selected purposively to be representative of the larger group of FARE and ESFAM participants, included many overlapping strata that were not fully disaggregated. Challenges of field implementation and uptake of some economic strengthening activities, particularly for the FARE project, resulted in a number of households in the sample that did not have experience with economic strengthening to reflect upon. Also, endline interviews were conducted during the wrap-up of field activities, so household reporting of activity effects indicate immediate rather than longer-term effects of programming. Nonetheless, the findings in this report provide an in-depth and ground-truthed account of drivers of family-child separation and child-level effects of integrated family support and economic strengthening activities in both rural and urban areas of Uganda.

CONCLUSION

The qualitative data presented here provide clear conceptual linkage of project activities and their effects on different drivers of child separation, through the words and experiences of caregivers and children involved in Family Care programming. Because participants were reporting directly on changes observed in their lives over the course of project implementation, the findings lend further credence to the causal pathways underlying the Family Care interventions in a way that observational quantitative data cannot. The findings help to explain how family support and economic strengthening activities mitigate different household conditions to reduce common drivers of family-child separation and reveal some unintended consequences of economic strengthening activities to be considered during implementation.